steadily over time in overall visits, all-purpose prescribed drugs, and prescribed drugs attributable to AD+SD. Future studies are needed to assess trend patterns in specific classes of anti-dementia drugs (e.g., memantine, cholinesterase inhibitor, or donepezil/rivastigmine/gallantamine).

PMH67

DRUG UTILISATION ADAPTATIONS IN SWEDEN AFTER THE EFFEXOR PATENT EXPIRY

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OBJECTIVES: Here, we evaluated the effect of the Effexor (N06AX16) patent expiry in Sweden. The aim was to see if adaptations, such as generic penetration, increased new prescriptions, or switches from other SNRIs, could be seen when evaluating all dispatches in the year before (2008) and after (2009) the patent expiry. **METHODS:** We used the CEBRxA database, which combines data from the national Swedish drug registry, with a public claims database for the South-West region of Sweden, comprising around 1.5 million individuals. For the generic penetration analysis, all prevalent patients were selected. For the longitudinal analysis, all patients who had made at least 2 dispatches of any antidepressant (N06A*) were selected and a 6 months washout-period was applied. Subsequently, all dispatches were annotated, at the ATC level, as either new (no other antidepressants within 105 days), add-on (specific antidepressant dispatched both before and after), switch (specific antidepressant dispatched before, but not after), or continuation (dispatched same ATC-code within 105 days). **RESULTS:** Of all N06AX16 dispatches in 2009, 81% corresponded to generic Venlafaxin, and the remaining 19% corresponded to branded Effexor. However, the prevalent patient counts decreased from 12,467 in 2008, to 12,248 in 2009. This trend was opposite to that of other SNRIs; generic Mirtazapine (N06AX11) and branded Cymbalta (N06AX21) both increased by three and 10 percent, respectively. Amongst the incident population, only minor differences were observed when comparing the proportion of dispatches with evidence of a new treatment, switch or add-on, between 2008 and 2009 for N06AX16. **CONCLUSIONS:** Al though generic penetration was quite efficient, we did not observe an increased proportion of patients switching to, or new prescriptions for, generic Venlafaxin during 2009. This can to some extent be explained by the expiry date on prescriptions, extending into 2009, while the decreasing prevalent patient population suggests additional dimensionality.

PMH68

DIFFERENTIAL USE OF EXTENDED AND INSTANT RELEASE QUETIAPINE: A NATURALISTIC STUDY OF FINNISH INPATIENTS WITH SCHIZOPHRENIA SPECTRUM OR BIPOLAR DISORDERS

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OBJECTIVES: Extended release (XR) and instant release (IR) quetiapine differ with respect to e.g. dosing, titration, and plasma concentration profiles. This could result in differential XR and IR use in schizophrenia and bipolar disorder (BD). We compared the use of XR and IR in a naturalistic, inpatient setting. **METHODS:** We retrospectively collected registry data among patients discharged between June 2008-June 2010 from a Finnish psychiatric hospital. Patients with a schizophrenia spectrum (SCZ; ICD-10 codes F20-F29) or a BD (F30-F31) diagnosis who used quetiapine in hospital were included in the study. Descriptive statistics and significance tests of differences between groups were performed. To assess the profile of XR- vs. IR-patients, logistic regressions were performed. **RESULTS:** Amongst 156 patients included (58% male), 43 used XR, 58 used IR, and 55 used both quetiapine formulations; 102 patients (65%) were diagnosed with SCZ and 54 (35%) with BD; no significant differences in diagnosis between quetiapine formulations. The mean XR dose was significantly higher than that of IR (542mg versus 328mg; $p<0.001$). This was true also for the SCZ (XR: 593mg vs. IR: 338mg; $p<0.001$) and BD (XR: 466mg versus IR: 308mg; $p=0.009$) subgroups. 48% of all IR-patients used a mean dose ≤200mg, compared to 2% of XR-patients. IR was combined with injectable antipsychotic treatment whereas XR was not (12% vs. 0%; $p=0.019$). XR was associated with antipsychotic monotherapy to a higher extent than IR (44% vs. 28%; $p=0.08$). In the logistic regressions, XR use was significantly associated with decreasing age and prior XR use; IR use was associated with e.g. substance abuse. **CONCLUSIONS:** Among schizophrenia spectrum or bipolar disorder inpatients, quetiapine XR was used in significantly higher doses than IR. Compared to XR, IR was more often combined with other antipsychotics. Differential use of quetiapine formulations seemed partly dependent on patient characteristics.

PMH69

DEPRIVATION AND USE OF ATIPYCAL ANTIPSYCHOTICS IN SCHIZOPHRENIA

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OBJECTIVES: To describe the use of atypical antipsychotics (AA) among individuals suffering from schizophrenia in a public managed healthcare system according to material and social deprivation. **METHODS:** We conducted a population-based cohort study using a spatiotemporal information system built with Quebec administrative health data. For four consecutive 2-year periods from 1998-2005, a cohort of inhabitants aged ≥18 years was built. Individuals were included in a cohort if they had a diagnosis of schizophrenia recorded in the hospital registry or in the physician consultations database during the 2-year period and if they were covered by the public drug plan during the year following the date of the 1st schizophrenia diagnosis in the period. Material and social deprivation were measured using indices built at a geographical level. Individuals in the 1st and 5th quintiles were the least and most deprived, respectively. Individuals were considered exposed to an AA if they obtained such a drug in the year following the date of 1st schizophrenia diagnosis. **RESULTS:** The proportion of individuals exposed to an AA in the year following the diagnosis of schizophrenia increased from a low 44% (15,386/34,765) in 1998-99 to a high 71% (25,555/35,771) in 2004-05. In terms of social deprivation, the proportion of those exposed to an AA among the least deprived and the most deprived were respectively 42% and 47% in 1998-99 and 67% and 73% in 2004-05. In terms of material deprivation, these proportions ranged from 44% and 45% in 1998-99 to 69% and 72% in 2004-05. **CONCLUSIONS:** The proportion of individuals exposed to AA has increased over the years 1998-2005, both among the least and the most socially and materially deprived suggesting that the most deprived may have a better access to AA. This may be due to free access to medication in Quebec's publicly managed healthcare system.

PMH70

ECONOMIC IMPACT OF FOCAL EPILEPSY IN SPAIN: RESULTS OF THE ESPERA STUDY

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OBJECTIVES: Epilepsy produces a significant burden on health care systems worldwide. Focal epilepsy represents approximately 70% of all types of epilepsy. The International League Against Epilepsy (ILAE) defined drug-resistant epilepsy in 2009 as a failure to achieve sustained seizure freedom, despite adequate trials of two tolerated and appropriately chosen and used antiepileptic drug (AED) schedules whether as monotherapies or in combination.The objective of this study was to estimate the economic impact of AED resistance in Spanish patients with focal epilepsy. **METHODS:** A multicentre, observational, cross-sectional, retrospective study was conducted in Spain among a representative sample of adults with focal epilepsy receiving at least two AEDs in combination, regardless of the seizure-free status. Investigators were hospital-based general neurologists and epileptologists; patients were consecutively included. Health resources utilisation data were collected over a retrospective 12-month period. Estimation of direct costs was calculated by multiplying unitary costs (at National Health System- NHS- values for the year 2010) by resource use from a NHS perspective. **RESULTS:** A total of 263 evaluable patients were analysed (out of 304 recruited patients, 86.5%). Responsiveness to AED treatment was assessed: 71% of the patients were AED resistant, 24% achieved seizure freedom and 5% were undefined. On average, resistant patients received more AEDs compared to seizure-free patients: 2.7 versus 2.4, respectively ($p=0.0037$). Annual costs for AED resistant and seizure-free patients were 4419€ and 3228€ respectively (37% increase per patient/year; $p=0.0273$). Drug costs (57%) and hospitalisation costs (33%) accounted for 90% of the incremental costs of AED resistant patients. **CONCLUSIONS:** Results suggest that drug resistant epilepsy is associated with higher health care use and consequently with higher costs, thus representing a considerable burden to the National Health System.

PMH71

THE IMPACT OF ONCE-DAILY EXTENDED-RELEASE QUETIAPINE FUMARATE (QUETIAPINE XR) ON LENGTH AND COSTS OF HOSPITALISATION OF PATIENTS WITH SCHIZOPHRENIA OR BIPOLAR DISORDER

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OBJECTIVES: Rapid titration of extended-release quetiapine fumarate (quetiapine XR) allows an effective dose to be reached by Day 2 in schizophrenia and bipolar mania, and Day 4 in bipolar depression (versus Day 4 or later with quetiapine immediate release [IR]). This study evaluates the impact of quetiapine XR on length and cost of hospitalisation in patients with schizophrenia or bipolar disorder, compared with quetiapine IR, using Premier Perspective™ Inpatient Hospital database data. **METHODS:** Inpatient discharges classified within diagnosis-related group 430 (psychoses), prescribed either quetiapine XR or IR, were identified. Evaluable patients had an ICD-9 diagnosis of schizophrenia or bipolar disorder (295.0x, 296.0x, 296.1x, 296.4x, 296.5x, 296.6x, 296.7x or 296.8x). Impact of the XR formulation on length and cost of hospitalisation was assessed using multiple logistic regression (GENMOD procedure), adjusting for patient and hospital characteristics. The data were not normally distributed, therefore log-transformed data were used. **RESULTS:** In total, 30,429 discharges between January 1, 2008 and June 30, 2009 were analysed. GENMOD analyses showed that patients who received quetiapine XR had significantly reduced hospitalisation length (10.7% estimated reduction, $p=0.001$) and cost (9.5% estimated reduction, $p<0.001$), compared with patients who received quetiapine IR. These rates correspond to -1.0 days (10.7% of 9.2 days) and -US$531 (9.5% of US$5588) per patient, based on least squares mean estimations of length and cost of hospitalisation in patients treated with quetiapine IR. Evaluation of patient sub-populations indicated that the significant reduction in length of hospitalisation for quetiapine XR versus IR was driven mainly by patients with bipolar disorder, whereas the significant reduction in costs was driven mainly by patients with schizophrenia. **CONCLUSIONS:** Inpatient use of quetiapine XR in patients with schizophrenia or bipolar disorder is associated with significantly reduced length and cost of hospitalisation, possibly due to the faster titration schedule for quetiapine XR versus IR.